MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/677519

FILING DATE

APPLICANT(S)

9/1/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51					
2				1			52					
3				1			53					
4				1			54					
5				1			55					
6				1			56					
7				1			57					
8				1			58					
9							59					
10							60					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			1				TOTAL IND.					
TOTAL DEP.			7				TOTAL DEP.					
TOTAL CLAIMS			8				TOTAL CLAIMS					

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